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ABSTRACT

School psychology occupies a curious space between the educational and mental health service systems of American society. As professionals trained in mental health, but employed and located in educational settings, school psychologists' contributions are too easily overlooked by both worlds. Despite the fact that school psychologists were never mentioned in any of the major Goals 2000 documents, the articulation of the Goals 2000 represents an important milestone in school psychology because they proclaim the critical importance of students' socioemotional and physical health to scholastic success. Using these goals to define the core responsibilities of schooling, school psychologists can move themselves back into education's first-line team. Key factors necessary for school psychologists to reassert their centrality to schools are: (1) blending into classrooms using teacher-psychologist collaborations, e.g. scientific examinations of social and emotional health; (2) writing school psychology into Individual Educational Programs; (3) talking the school talk by expressing psychological concepts in a language that is teacher-comfortable; (4) implementing achievement related services; (5) proving success; (6) weaving networks; (7) creating coalitions with community mental health; (8) weaving a cross-agency safety net; and (9) creating effective community and parent alliances. Inherent to each of these factors is the assumption that school psychology will be a profession of change--the true challenge for school psychologists. (JBJ)

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School psychology occupies a curious space in-between the educational and mental health service systems of American society. As professionals trained in mental health, but employed and located in educational settings, school psychologists' contributions are too easily overlooked by both worlds. Our very viability as a profession depends upon the degree to which we are able to make ourselves noticeable to both systems and to the communities that they serve.

Being Essential in Schools

The services that school psychologists provide in schools address goals typical of a mental health profession: screening for and recognizing the early warning signs of social, emotional or behavioral disturbances in students; distinguishing between genuine risk and typical developmental problems of children and adolescents; planning and implementing preventive and remedial interventions addressing students' needs; and consulting with students, their parents, and their teachers to support their social, emotional, behavioral, and vocational success. School psychological assessments support schools' efforts to plan effective responses to students' emotional, behavioral, cognitive, social, and academic strengths and weaknesses. Unfortunately, the school settings in which school psychologists work

value other contributions more highly—contributions that address the core school responsibilities of enhancing student literacy and mathematical competence, fostering effective citizenship skills, and building vocational success. Unless the linkages between these two seemingly inconsistent sets of goals can be made explicit, school psychology runs the risk of becoming a marginalized participant in the educational endeavor.

Marginalized members of a system are those persons who are seen as providing services that are less important, less effective, and less essential to the system's purpose. They are seen to be draining resources away from efforts of other, more vital members of the system. In times of expanding budgets, agencies are willing to invest some resources in activities defined as secondary in importance. However, when budgets are stable or even shrinking, as is currently the case, agencies have a compelling need to pull back to their core responsibilities. Consequently, the stable and dependable impact of school psychology depends upon its recognition as essential to core educational responsibilities.

A certain consensus on the goals of schooling has emerged out of the national dialogue surrounding the Goals 2000. Included were goals stating that (a) every student should begin school

ready to learn, (b) 90% of public school students should graduate from high school, (c) students should demonstrate competence in all major scholastic subjects, (d) teachers and other school staff should engage in professional development, (e) students should lead the world in their mastery of science and mathematics, (f) every adult American should be literate, (g) schools should be free of drugs and violence, and (h) parents should be involved in the schooling process. Despite the fact that school psychologists were never mentioned in any of the major documents describing their development, the articulation of the Goals 2000 represents an important milestone for school psychology because they proclaim the critical importance of students' socioemotional and physical health to scholastic success. Using these goals to define the core responsibilities of schooling, school psychologists can move themselves back into education's first-line team.

Blending into Classrooms

A key way for school psychologists to reassert their centrality to schools is by physically reuniting school psychological services with the ongoing tasks of school days. Psychological intervention programs can be moved out of separate offices and into the classrooms where the teachers most often work with students. Through teacher-psychologist collaborations, examinations of social and emotional health can be infused into instruction in reading, social studies, or even math and science. As one example, I once worked with an eighth grade science class to collect and analyze information about friendships among students in their school and the degree to which these were supported or discouraged by varying school practices. The research question emerged out of the class's social studies lesson. The research design was developed in conjunction with a lesson on the scientific method. Analysis of the results was integrated into mathematical instruction in graphing and averages. And, as a consequence of

the project, the class became far more accepting and supportive of previously isolated students in the group.

Other ways to reunite psychological and academic services of schools are already emerging. Conflict mediation programs infuse psychological services into school lunchrooms and playgrounds. Self-management strategies to control impulsivity can be taught in secondary school hallways between classes. Relocation of services into times and places where typical socioemotional problems occur makes school psychological interventions more visible and more appreciated.

Writing School Psychology into the IEP

Infusing psychological services into the schooling of students with disabilities requires attention to each student's Individual Educational Program (IEP), where the goals of special education are defined. Despite their intimate linkages to the practices of special education, school psychologists remain the only related service profession that is not routinely held responsible for intervention in the IEPs of students with disabilities. The ultimate consequence of this omission has been that school psychological interventions are not considered essential to the education of students with disabilities. Writing school psychological services into students' IEPs will require that psychologists specify objectives for intervention that are clearly relevant to students' academic progress, strategies to reach those objectives, and methods for determining when the objectives are met. Fortunately, the relevance of psychological services to the academic success of students with disabilities is well supported in the special education literature, and practitioners can draw from this research base to identify purposes, practices, and measures.

Talking School Talk

The language and vernacular of systems is an important artifact that binds professions together

as colleagues. Unfortunately, school psychologists are not always adept at speaking the language of schools. They set themselves apart with unfamiliar terms and concepts that flow from their broad experience in the developmental, social, and emotional contexts of behavior. It is ironic that this distinctive knowledge base both represents the essential value of psychology to schools and contributes to the alienation of school psychologists. The challenge, then, is for practitioners to retain the concepts that are so useful to schooling, but express them in language that is teacher-comfortable. This is, at its essence, an act of translation between psychospeak and eduspeak, and like all translations, it requires an exemplary mastery of both languages and their conventions. To become this comfortable with teacher language, psychologists will need to read instruction magazines, attend seminars, and listen carefully to the vocabulary of teacher colleagues so that they are attuned to the acronyms, most current curricular terms, and the emerging trends of schools. These, then, become the vernacular within which they must express their psychological understandings.

Implementing Achievement-Relevant Services

Elsewhere, my colleagues and I have identified model school mental health practices that directly address the national Goals 2000 (Doll et al., 1995). For example, programs that alter parents' and children's attitudes toward reading contribute to student literacy; children who are helped to believe they have control over their learning persist in the face of academically difficult work. Unfortunately, all too many of these programs have been implemented as pilot projects that have not moved easily into regular practices of school psychologists. There are several reasons why this is so. Most pilot programs are begun with special funding grants. For purposes of securing these extra funds, influential educators in a school

system will set aside their reservations, and embrace a trial program. However, once the incentive of extra funds disappears, the old loyalties are likely to reassert themselves and the system, like a stretched spring, reverts back to its former shape. Second, pilot programs are frequently planned and implemented by a very few influential leaders. These leaders' charismatic influence, and their willingness to devote long hours and extra effort to the pilot program's tasks, virtually guarantee its acceptance and success. However, this very personal power disappears quickly when the leader moves on to a new and exciting challenge, or if the persons with whom the leader was influential shift out of their key roles of authority.

To understand how innovative and effective pilot programs can be extended and survive, consider an analogy from biology. When two membranes of a living organism are juxtaposed temporarily, then pulled apart, and then pressed together again, they continue to exist as separate entities. However, if these same membranes are pressed together continuously and for a long enough time, they merge into one another until it is impossible to tell where one begins and the other ends. In the same way, pilot programs will need to persist over time if they are to become stable parts of a program of service. To extend the persistence of new and effective practices over time, school psychologists will need to gradually shift these from temporary to permanent sources of funding. Indeed, it may be more influential in the long run to support a smaller program that can be funded from permanent sources than a larger program supported through time-limited dollars. Second, successful programs will persist beyond the pilot period only when school psychologists can extend the core group of professionals that advocate for and direct the service. Thus, sharing programs, the credit for their success, and the decisions that shape them tends to be more influential in the long run than implementing

programs single-handedly.

Proving Success

Districts cannot afford to reduce or eliminate services that are essential to their success in fostering student achievement and vocational readiness. Thus, support for school psychological service programs will grow wherever school psychologists can produce clear and convincing evidence that their presence in a school building contributes directly to schools' abilities to advance achievement in students. To demonstrate that this is the case, school psychologists require measurement tools that are simple, brief, reliable, and have uncontested face validity with our public. Next, they need to routinely incorporate the collection of accountability information into school psychological services. At the same time, it is important to verify the "cost" of innovative services in terms of staff hours, materials, and resources, since the adequacy of a program's benefit can only be judged relative to its cost to the system. Finally, school psychologists will need to be able to present evidence of a program's costs and benefits in ways that are easily understood, not only by district decision-makers, but by the members of the community and school staff to whom decision-makers are accountable.

School psychologists' psychometric skills make them uniquely suited to this task, but also represent their biggest challenge. School psychologists understand the systematic collection of information and the sources of error and bias that can distort these. Moreover, they have experience in analyzing information in systematic and reliable ways. Still, having been trained in some of the most comprehensive and complicated strategies for assessment, psychologists are not always ready to embrace simpler methods. Standards of excellence in assessment, that school psychology has embraced with such fervor, can be paralyzing when practical needs arise to measure program success. Accountability

assessment needs to balance the competing demands for efficiency, accuracy, and meaningfulness in order to be useful.

Weaving Networks

Forging personal alliances represents an alternative and very effective strategy for moving school psychological services into the forefront of a district. As leaders of less understood programs of services, school psychologists gain influence in a system in direct proportion to the number and quality of the alliances that they create with colleagues. Relationships build familiarity with other members of the system, foster a broader understanding of what psychologists do and contribute, and create a personal influence whose power can exceed the legitimate power a psychologist might claim. Still, personal influence is not without its dangers. Gains that are made by building spots of influence within a system will all but disappear with the shifting staffs of schools and districts. Moreover, programs dependent upon that sort of leadership tend to face into oblivion if the charismatic leader moves on to bigger and more recent challenges.

Coalitions with Community Mental Health

School and mental health systems have operated as separate for so long that it is easy to overlook their very strong mutual interdependence. Separations between school and community mental health practitioners are institutionalized in specialized licensing requirements, in the different state agencies that license practitioners in school or community sites, and in the differing entry level supported for school- or community-based practitioners. A more fundamental illustration of the separation between the two sites can be seen in the different vocabularies they use to talk about mental health. Consider, for example, the different meanings that are attached to the term, "emotional disturbance."

Community mental health professionals speak of children with emotional disturbances when they meet criteria for one or more diagnostic condition described in the DSM-IV. However, school practitioners usually refrain from speaking of emotional disturbances unless children not only meet criteria of a disorder, but also can be shown to experience those difficulties in multiple settings and show functional impairments of the child's ability to learn as a result.

It is critical to realize, in the face of such division, that both school and community mental health systems serve a community that has a single perception of the value of mental health services and from which financial support in the form of public dollars can flow to systems, or not. In this public eye, both systems are jointly responsible for addressing the existing mental health needs of children in communities. Recently evidence suggests that we are not doing this well (Doll, 1996). While as many as one in five school-aged students may meet diagnostic criteria for a psychiatric disorder, fewer than one in twenty appears to be receiving mental health support. It is important to notice that the most prominent public response to this mismatch has *not* been to expand funding for either system, but instead to suggest integrated service models that coordinate services, clients receiving them, the locations where they are provided, and the funding streams that support them. In the public eye, our separateness is imperceptible.

Weaving the Cross-Agency Safety Net

What the public is requesting is a seamless safety net of support so that limited social resources can address the broadest need possible. This net cannot be woven except out of effective collaborative relationships between community and school mental health professionals. Yet building collaborative alliances across systems is much more difficult than building them within a system. In addition to differences in language and

credentialing standards, school and community mental health professionals are constrained by confidentiality statutes from speaking freely with one another, work according to different schedules, have different conditions for their employment, and must answer to different local, state, and federal governmental divisions. The following example illustrates the divisiveness of such mundane details. A team of administrators from social services, community mental health, and special education were assembling a budget for a cross-agency team that would operate the following year. The mental health center's salary line for the "mental health worker" was small enough that the school administrator assumed they were only contributing half a position; further discussion revealed that they were, instead, contributing a non-licensed therapist. The group then needed to reconsider the tasks of the team to make these compatible with the members' credentials. New misunderstandings arose when it became apparent that the school administrator had budgeted for the academic school year, while the other two agencies assumed that the team would function on a calendar year. Misunderstandings this fundamental take long periods of time and familiarity to identify and overcome, during which the agencies must be content with lessor productivity from a group of practitioners, and must be willing to systematically question existing routines and practices of the agency.

School psychologists can take the essential first steps to work in tandem with community mental health professionals by seeking out reasons to meet and speak. By building familiarity with each other's skills, knowledge, and values, school and community practitioners can begin to identify those practices which are mutually beneficial. Eventually, the professionals from the different systems can begin to articulate their shared goals, the degree to which their coordination can advance each other's practice, and ways to present a united

face to the public that they serve. Such collaboration will be personally challenging as well as time-consuming for school psychologists, since they must enter into this collaborative role prepared to reconsider some of their most fundamental beliefs about professional standards and practice. It is essential, then, that these efforts towards collaboration proceed at a pace that is slow and deliberate enough to permit such personal change.

The Ultimate Defense of Effective Services: Community and Parent Alliances

Chances to make the very fundamental changes that I have discussed to this point are easily overwhelmed by bureaucratic barriers, funding realities, and professional jealousies. It is important to note, then, that historical case examples have shown parents to be the people most likely to advocate for the needs of children despite the barriers of systems (Dryfoos, 1994). Parents' advocacy for particular services can be refreshingly unsullied by loyalties to particular agencies or bureaucratic structures. In some cases, their very ignorance of the history and systems of children's service providers makes parents the most innovative problem solvers within the mental health community. Moreover, programs that address parental concerns and show results that parents can see to be enhancing for their children are difficult for community leaders to compromise or cancel. Consequently, the single most important defense of innovative and sound mental health programs is the presence of active alliances with parents who are knowledgeable about and support the work of the program.

Comprehensive parent involvement programs will provide multiple options for parents to give as well as benefit from mental health services. Possible variations might include parent volunteer programs that include parents among service providers, parent advisory groups that are consulted about the logistical management of

mental health, and parents-supporting-parents programs that build communities of supports among parents sharing similar problems and histories. Once again, these kinds of partnerships emerge gradually and over time, and are often incompatible with the immediacy that dominates current mental health agencies. New priorities will need to define school psychological practice in order to move parents into central supportive roles.

Summary

Inherent to each of these recommendations has been the assumption that school psychology will be a profession of change. Defining, planning, and implementing changes in educational and socioemotional services to individual children has been a traditional responsibility of the profession. However, the changes I discuss above represent redefinition of systemic goals and perspectives, planning alternative service systems to those the profession currently employs, and implementing visions that are shared by other educational and mental health professions. In simpler terms, these revisions require that we change. Changing ourselves is the true challenge that we face.

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